

**MARYLAND DEPARTMENT OF AGRICULTURE**  
**SALISBURY ANIMAL HEALTH LABORATORY**  
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**LIMS Accession #** \_\_\_\_\_  
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**SUBMISSION FORM FOR SPECIES OTHER THAN COMMERCIAL POULTRY**

OWNER						VETERINARIAN:					
ADDRESS:						CITY:					
STATE:		ZIP:		E-MAIL ADDRESS:							
PHONE:		FAX:									
SPECIES:		BREED:		AGE:		SEX:		WT:			
PETS NAME:			SPECIMEN:		# SUBMITTED:						
EXAMINATION REQUESTED:											
HISTORY:											
NECROPSY FINDINGS:											
PARASITOLOGY:											
BACTERIOLOGY											
SEROLOGY:											
HISTOPATHOLOGY:											
MOLECULAR BIOLOGY:											
PRELIMINARY DIAGNOSIS:											
FINAL DIAGNOSIS:											
COMMENTS:											
REPORTED TO:						DATE:					
ATTENDING VETERINARIAN:  Dr. Claudia Osorio					REVIEWED BY: _____  Dr. CLAUDIA OSORIO Laboratory Director						

PLEASE DO NOT HESITATE TO CALL IF YOU HAVE ANY QUESTIONS OR CONCERNS.

Form SAHL-SYS.20.3

**For Laboratory Use Only:**

MICROBIOLOGY						
Agar ID	# Plates	Tissue	Necropsy Tech	Micro Tech	Received	Completed
Sabouraud						

VIROLOGY						
BHI	# Tubes	Sample	Necropsy Tech	VI Tech	Received	Completed

SEROLOGY						
Test	# Tubes	Sample	Necropsy Tech	Serology Tech	Received	Completed